

Plan of Correction

Program Name: Behavior Management Systems	Date Submitted: 03/17/17	Date Due: 04/17/17
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Administrative POC-1	
Rule #: 67:61:05:05 & 67:62:06:04	Rule Statement: Orientation of personnel. The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items: <ul style="list-style-type: none"> (1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy; (2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003); (3) The proper maintenance and handling of client case records; (4) The agency's philosophical approach to treatment and the agency's goals; (5) The procedures to follow in the event of a medical emergency or a natural disaster; (6) The specific job descriptions and responsibilities of employees; (7) The agency's policies and procedure manual maintained in accordance with § 67:61:04:01; and (8) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8.
Area of Noncompliance: Personnel records do not document that orientation is completed with new hires within the 10 day timeframe or that all of the elements required are included.	
Corrective Action (policy/procedure, training, environmental changes, etc): New staff will meet with a representative from the Human Resources department on their first day of work in order to start the orientation process. Within the first 10 days of employment, employees are to complete the sections in orientation as required by ARSD 67:61:05:05 & 67:62:06:04 per company procedure 6.17a (see attached) At the conclusion of 30 days the completed orientation checklist will be sent to Human Resources to be included in the employees personnel file.	Anticipated Date Achieved/Implemented: Date 4/15/2017
Supporting Evidence: SOP 6.17a was reviewed and supervisors will be trained on the requirements for completing the orientation checklist with each new staff member to ensure compliance with the aforementioned administrative rule. See attached SOP 6.17a and orientation checklist.	Person Responsible: Human Resources Dept., supervisor, and employee
How Maintained: An orientation checklist will be included in each new employees new hire folder to ensure the process is started. A representative from the Human Resources department will follow-up with either the supervisor or the staff member within the first 10 days of employment to ensure required orientation has taken place and will audit the personnel file after the initial 30 days of employment to ensure a copy of this completed checklist is in the personnel file.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2

Rule #: 67:61:05:01	Rule Statement: Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows: (1) Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test; (2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease; (3) Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Myobacterium tuberculosis</i> . If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and (4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.
Area of Noncompliance: Personnel records indicated many staff did not receive both of their TB tests within the required timeframe.	
Corrective Action (policy/procedure, training, environmental changes, etc): Effective immediately a representative from the Human Resources department will schedule on the first day of employment, both stages of the required TB testing. Testing will be administered by the Full Circle nurse. Any staff, intern or volunteer testing positive shall be referred to a physician for evaluation and a chest x-ray. Any staff, intern or volunteer confirmed or suspected to have infectious TB shall be restricted from reporting for duty until a physician has provided a return-to-work order. An employee, intern or volunteer who tested positive for TB shall be evaluated annually for symptoms of TB. All above results from TB testing shall be kept in the personnel file.	Anticipated Date Achieved/Implemented: Date 4/1/2017
Supporting Evidence: Policy 7.18 Personnel Tuberculosis Infection Control & Screening Requirements documents that we will abide by rule # 67:61:05:01.	Person Responsible: Human Resources representative, Full Circle Nurse
How Maintained: A representative from Human Resources will maintain documentation of completed TB Tests in the personnel file as well as monitor and notify staff when testing is due.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-1

Rule #: 67:61:07:12	Rule Statement: Tuberculin screening requirements. A designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment, intensive outpatient, day treatment, clinically-managed low intensity residential treatment, clinically managed detoxification, and intensive inpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months: (1) Productive cough for a two to three week duration; (2) Unexplained night sweats; (3) Unexplained fevers; or (4) Unexplained weight loss. Any client determined to have one or more of the above symptoms within the last three months shall be immediately referred to a licensed physician for a medical evaluation to determine the absence or presence of active disease. A Mantoux skin test may or may not be done during this evaluation based on the opinion of the evaluating physician. Any client confirmed or suspected to have infectious tuberculosis shall be excluded from services until the client is determined to no longer be infectious by the physician. Any client in which infectious tuberculosis is ruled out shall provide a written statement from the evaluating physician before being allowed entry for services.		
Area of Noncompliance: Client charts were missing the documentation that this was completed within 24 hours after admission or onset of initial SUD services.			
Corrective Action (policy/procedure, training, environmental changes, etc): A TB screening document has been created in the electronic health record to document that a TB screening has been conducted on each client. (See attached) BMS has a policy requiring the completion of a TB screen. (See attached policy 7.19) This procedure will be followed and documented consistently by the Full Circle nurse. A screening document will be completed and entered in each client file.		Anticipated Date Achieved/Implemented: Date 4/10/17	
Supporting Evidence: The TB screening document has been created in the electronic health record and will be reviewed and signed by each client. Any required Tuberculin test result document will be entered for the client. Documentation of any further testing or x-rays required will be scanned into the clients file.		Person Responsible: Full Circle Nurse, Full Circle Director	
How Maintained: The Full Circle Nurse will complete a TB screen within 24 hours of a client admission. This will be documented on the TB screening form in the electronic health record. The presence of this completed form shall be added to the documents reviewed within the quality assurance program.		Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	

Client Chart POC-2

Rule #: 67:61:16:04	Rule Statement: Admission medical examination. A person admitted to a clinically-managed low-intensity residential treatment program shall have received a medical examination conducted by or under the supervision of a licensed physician within the three months before admission. The agency shall require that the results of the examination be provided to the program before or at the time of admission. If an examination has not been conducted or the results are not available, the program shall assure that a medical examination occurs within five calendar days after admission. The results of all medical examinations shall be placed in the case record. The staff shall consider the client's medical health in the development of the treatment plan.	
Area of Noncompliance: Client charts did not meet the timeframe to receive a medical examination.		
Corrective Action (policy/procedure, training, environmental changes, etc): The admission specialist will request evidence of any completed medical examinations prior to admission of low intensity clients. Results from such medical examinations shall be scanned into the electronic health record. If the client has no current physical examination, an appointment for a medical examination will be scheduled for the client within 5 days of admission. Results from the examination will be scanned into the electronic health record.		Anticipated Date Achieved/Implemented: Date 4/10/17
Supporting Evidence: Physicians exams will be scanned into the EHR. Any delays in completion of an exam will be documented. An agreement has been reached with Community Health Center of the Black Hills to conduct an emergency medical evaluation if necessary.		Person Responsible: Full Circle Admission Specialist
How Maintained: The presence of a medical examination documentation shall be added to the documents reviewed within the quality assurance program. . All infractions will be noted and corrected immediately.		Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-3

Rule #: 67:61:18:02	Rule Statement: Medical evaluations and vital signs. At a minimum, the program shall complete the following: (1) At the time of admission, each client's blood pressure, pulse, and respiration shall be evaluated and recorded in the client's case record by staff trained to perform these tests; (2) Within 8 hours after admission, each client shall receive a medical evaluation conducted by an RN or an LPN. The results of this medical evaluation shall be provided to the program physician for the purpose of determining whether the client needs immediate and a more extensive examination to determine the appropriateness of the admission and the program physician's approval shall be documented in the client's case record: (a) The medical evaluation includes: (i) A second reading of blood pressure, pulse, and respiration; (ii) Mental and emotional status; (iii) Any bruises, lacerations, cuts, wounds, or other medical conditions; (iv) Current medication use, particularly sedative use and medications being carried by the client; and (v) Any history of diabetes, seizure disorders including epilepsy, delirium tremens, and any history of convulsive therapies, e.g., electroconvulsive or insulin shock treatments; and (3) Within 72 hours after admission, each client shall have: (a) A complete blood count and urinalysis; and (b) A complete physical examination by or under the supervision of a licensed physician, who shall also evaluate the results of the tests conducted.	
Area of Noncompliance: The client charts were missing one or more of the following requirements: blood count, urinalysis, or complete physical examination within the first 72 hours of admission. If appointments are not available within 72 hours, the agency should find an alternative facility/staff to meet this requirement.		
Corrective Action (policy/procedure, training, environmental changes, etc): Client vitals are reported on the MAR's and the Nursing Admission form within 8 hours of admission. All incoming clients will have a physical exam with blood count and urinalysis scheduled for them within the first 72 hours of admission. Black Hills Community Health has agreed to provide weekly appointments to assure that timely exams always take place for Full Circle clients.	Anticipated Date Achieved/Implemented: Date 4/10/17	
Supporting Evidence: The client's physical exam will be completed and documented within 72 hrs. of the client's admission. (See attached SOP 9.09) Result of labs will be scanned in as soon as they are received. Refers will be made and documented. Any exception to this process will be reported to the director immediately.	Person Responsible: Full Circle Nurse Full Circle Director	
How Maintained: Current client files will be QA'd for evidence of the physical exam and lab results each month. Any infractions will be noted, documented and corrected immediately.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>	

Client Chart POC-4

Rule #: 67:61:07 & 67:62:08	Rule Statement: Clinical Processes: Progress notes, Treatment Plans and other documents shall contain the following for services to be billed: The signature and credentials of the staff providing the service.	
Area of Noncompliance: The progress notes, treatment plans, and other documents were missing the staff members' credentials.		
Corrective Action (policy/procedure, training, environmental changes, etc): BMS is working with the vendor for our electronic health records, NextGen to resolve this issue. We have asked that the vendor escalate this issue as a compliance issue so that a hot fix to the program can be approved. We have requested a statement from the vendor to their proposed actions which will be forthcoming and will be sent to the State as an addendum to this POC.		Anticipated Date Achieved/Implemented: Date 5/31/17
Supporting Evidence: The following is the latest email from NextGen relating to them providing a statement on proposed actions: From: Deniese James [mailto:djames@nextgen.com] Sent: Wednesday, April 12, 2017 11:12 AM To: Jeff Healy < JHealy@BMSCares.org > Subject: FW: Ticket 04207526 - Client Plan for Correction Hello Jeff, The statement you have requested should be ready today or tomorrow. I have worked with the development team to explain the issue especially with behavior health's lengthy credentials. The statement will expand on next steps. Best Regards,		Person Responsible: Jeff Healy
How Maintained: Once the vendor completes a fix, the signature with credentials will be automatically added to all documents once they are electronically signed by the staff.		Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Program Director Signature: Alan Solano, CEO 	Date: 4/12/17
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Send Plan of Correction to:

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 Department of Social Services
 Division of Behavioral Health
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 DSSBHAcred@state.sd.us